



PARTICIPATION ELECTION

(For School Corporation Employees)

State Form 28105 (R1/12-99)

Name of Employee (print or type)

Name of Employer

Social Security Number

Employer Account No.

(State agencies use State Auditor's Account No.)

According to the I.R.S. Code Section 6041 (A), this state agency is required to obtain your Social Security number. This form cannot be processed without it

I was hired on _____ and am employed by a participating
school corporation. (date)

I occupy a PERF-covered position normally requiring performance of services of more than six hundred (600) and less than one thousand (1000) hours a year and I hereby elect to become a member of the Public Employees Retirement Fund of Indiana pursuant to IC 5-10.3-7-3 (c). This election is not revocable. This election shall not entitle me to credit for service prior to the date of July 1, 1986 or the date this form is signed, whichever is later.

I am not a member of, eligible to be a member of, or will become eligible by reason of employment to be a member of any other pension or retirement funds or plans, except the federal Social Security program, maintained in whole or in part by appropriations by the state of Indiana or a political subdivision of the state of Indiana.

I affirm, under the penalties for perjury, that the foregoing representations are true.

Date

Signature of Employee

Notice

If employees who are currently having deductions made from their compensation for PERF coverage believe that they are not legally required to be members of PERF, they should notify PERF immediately by writing to the address shown below.

**Return to: Public Employees' Retirement Fund
attn: Benefits Administration
143 West Market Street
Indianapolis, IN 46204**